

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09781615</div>		FILING DATE <div style="font-size: 1.2em; font-weight: bold;">02/09/01</div>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
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50													
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	5		5				TOTAL DEP.						
TOTAL CLAIMS	8		8				TOTAL CLAIMS						

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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